

Type a plus sign (+) in this box →



3010/P10 Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number		
DECLARATION		First Named Inventor		
		COMPLETE IF KNOWN		
		Application Number		
		Filing Date		
		Group Art Unit		
		Examiner Name		
<input type="checkbox"/>	Declaration Submitted with Initial Filing	OR	<input type="checkbox"/>	Declaration Submitted After Initial Filing

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PACKAGING COMPRISED OF A FOIL-SHAPED COMPOSITE MATERIAL AND METHOD FOR PRODUCING SAID PACKAGING

(Title of the Invention)

the specification of which

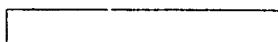


is attached hereto



OR

was filed on (MM/DD/YYYY)



as United States Application Number or PCT International Application

Number



and was amended on (MM/DD/YYYY)



(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § .56

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached? YES NO	
111/99	SWITZERLAND	01.21.1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/CH00/00002	PCT	01.04.2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/>	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States or America listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business with the Patent and Trademark Office connected therewith:

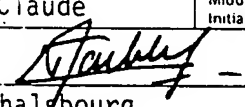
Firm Name	Fisher, Christen & Sabol	Payor Number (if applicable)	
Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☐ Please direct all correspondence to

Name	Virgil H. Marsh		
Address	Fisher, Christen & Sabol		
Address	Suite 1401, 1725 K Street, N.W.		
City	Washington	State	D.C.
Country	USA	Zip	20006
	Telephone	(202)659-2000	Fax (202)659-2015

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Claude	Middle Initial	A.	Family Name	Marbler	Suffix	
Inventor's Signature						Date	11.06.2007
Residence: City	Phalsbourg	Country	France	Citizenship	French		
Post Office Address: 40a rue des Calvaires, F-57370 Phalsbourg, France							
City	Phalsbourg	Postal Code	F-57370	Country	France	Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign + inside this box →



DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Sabine	Middle Initial		Family Name	Cerf	Suffix	
Inventor's Signature						Date	15.06.04
Residence: City	Sarrebourg	Country	France	Citizenship: French			
Post Office Address: 3, allée des Tilleuls, F-57400 Sarrebourg, France							
City	Sarrebourg	Postal Code	F-57400	Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		Country		Citizenship			
Post Office Address:							
City		Postal Code		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		Country		Citizenship			
Post Office Address:							
City		Postal Code		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		Country		Citizenship			
Post Office Address:							
City		Postal Code		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		Country		Citizenship			
Post Office Address:							
City		Postal Code		Country		Applicant Authority	